



SOUTHWESTERN ADVENTIST UNIVERSITY

Direct Deposit Authorization

For Southwestern Adventist University Faculty/Staff Payroll Use Only. Complete this form and return it to the Human Resources Director to begin using Direct Deposit, or change/update an existing Direct Deposit arrangement. Please make sure that all personal information is correct and keep a copy for your records.

Personal Information

Employee Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Bank & Account Information

My Bank is: _____ Account Type: _____

Bank Routing Number: _____ Account Number: _____

ATTACH VOIDED CHECK

Authorization Employer: Southwestern Adventist University

I authorize Southwestern Adventist University to initiate credit entries and, if necessary, to make any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll to my above account, on a recurring basis until I notify employer, in writing, that I revoke this authorization.

X _____ Date: _____
Employee Signature